

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">10706999</div>		Filing Date			
								Applicant(s)					
										* May be used for additional claims or amendments			
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">4-27-06</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
Total Indep													
Total Depend													
Total Claims													
51													
52													
53													
54													
55													
56				</									